



\$300 FEE rec.

State of Washington Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use
RECEIVED
Fee Paid 30.00
JAN 22 2003
Date 1-22-03
732
DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Spokane Hutterian Brethren Home Tel: () -
Mailing Address 3610 N Wood Rd Work Tel: (509) 299-5400
City Reardan State Wa Zip+4 99029 + FAX: () - 3099

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name Paul C. Gross Home Tel: (509) 299-5400
Mailing Address 3610 N WOOD RD Work Tel: (509) 299-5400
City Reardan State Wa Zip+4 99029 + FAX: (509) 299-3099
Relationship to applicant Member of Organization

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 4400 ~~6600~~ P.C.G. (☒ gallons per minute or ☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s) of irrigation in Sec 1 Lin County Sec 546 Spok County. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.

Estimate a maximum annual quantity to be used in acre-feet per year: ~~1250~~ 2000

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From April 01 to Nov 01

Section 4. WATER SOURCE

If SURFACE WATER					If GROUNDWATER			
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:					A permit is desired for <u>32</u> well(s). <u>10-16-2003</u> <u>P.C.G.</u>			
Number of diversions: _____					Size & depth of well(s): <u>15" to 500 ft</u>			
Source flows into (name of body of water):								
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>Well #2) Lot 3</u> <u>Well #3) Lot 1</u>								
1/4 of	1/4 of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>#2 well</u>	<u>10-28-03</u> <u>Kay</u> <u>NW 1/4 NE 1/4</u>	<u>6</u>	<u>24</u>	<u>40</u>	<u>P.C.G.</u> <u>Spokane</u>	<u>34</u>		
<u>#1 well</u>	<u>SE</u>	<u>1</u>	<u>24</u>	<u>39</u>	<u>Lincoln</u>			
For Ecology Use Date Received: <u>01-22-2003</u> Priority Date: <u>1-22-2003</u>								
SEPA: Exempt/Not Exempt <u>Not Exempt</u> FERC License # _____ Dept. Of Health # _____								
Date Accepted As Complete <u>10-16-2003</u> By <u>Kay</u> WRIA: <u>54</u>								



Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: Waukon Project
- B. Briefly describe your proposed water system. (See instructions.)
25 - 300 hp wells pumping into - 15", 10", 8" & 6" mainline to the various size Pivots. Large Pivots would be @ 6 gpm per minute & small ones at 10 gals per acre per minute due to nozzle size.
- C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO
 PROVIDE DOCUMENTATION.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION
 (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: _____ Type of connection _____
 (Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☐ NO
 If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO
 If yes, when was it approved? _____ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☐ NO
 If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION
 (Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: ~~1060~~ 760 10-16-03 P.C.G.
- B. List total number of acres for other specified agricultural uses:
- | | |
|-----------|-------------|
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
- C. Total number of acres to be covered by this application: ~~1060~~ 760 10-16-03 P.C.G.
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
 Add up the acreage in which you have a controlling interest, including only:
 ‡ Acreage irrigated under water rights acquired after December 8, 1977;
 ‡ Acreage proposed to be irrigated under this application;
 ‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 6000 acres? ☐ YES ☒ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☒ YES ☐ NO
 If yes, enter permit no: S3-29607P
- E. Farm uses:
 Stockwater - Total # of animals _____ Animal type _____ (If dairy cattle, see below)
 Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

*See attached map.
West on SR #2 to Waukon Rd, then South to
Thorpe & Hallett Rd.*

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☒ YES ☐ NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

*Own Some. I'm negotiating to buy, rent &
lease the balance.*

B. Does the applicant own the land on which the water source is located?
If no, submit a copy of agreement:

☒ YES ☐ NO

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Paul C. Grass V.P.
Applicant (or authorized representative)

Jan 21, 2002
Date

Same
Landowner for place of use (if same as applicant, write "same")

Date

See attached Waukon Farm Signature 10-16-2003

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
<input type="checkbox"/> Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
<input checked="" type="checkbox"/> Section number(s) <u>4 & 11 B</u> is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation: <u>See attached/enclosed letter</u>	
Please provide the additional information requested above and return your application by <u>(30 days of date of HR)</u> <u>October 17, 2003</u> (date).	

Ecology staff Kay J. Bickel Date Sept. 12, 2003